

This is an Official Montana State DPHHS HAN Advisory

Distributed via the DPHHS Health Alert Network (HAN) System
Friday, September 9, 2005 17:36 MT (5:36 PM MDT)

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Hurricane Katrina: A small number of people displaced by Katrina have come to Montana and the possibility of more arriving is being discussed. At this time we do not know how many people to expect or which areas may be impacted. Public health has been actively engaged in these discussions and will provide more information as it becomes available. Local agencies are encouraged to work with DES contacts to coordinate efforts with your local agencies.

DPHHS is asking local health agencies to help us assist those displaced by collecting basic health information and facilitating referrals to care. In addition, please work with your school system to facilitate the enrollment of school-aged children by helping with immunization issues, specifically the completion and submission of the "*Special Temporary Conditional Attendance Form- Montana School Immunization Law for Displaced Students of Hurricane Katrina*". Additional instructions on the use of this form (attached) were distributed in earlier HAN messages or can be obtained by calling 444-5580. For your reference, a comparison chart of vaccine requirements from Louisiana, Mississippi, and Alabama is attached. The comparison chart should be used as a guide for what we would anticipate the clients to have been offered in their home states.

To assist with this effort, we are recommending:

- 1) Contact individuals, families and/or groups (or a representative/sponsor) that are relocated to your area.

When possible, DPHHS will be able to notify you of groups expected to arrive, however in many cases information may come from a variety of other sources. If resources allow, we encourage local agencies to follow-up on each report. In many cases, a representative of the agency coordinating the relocation effort will be able to provide you with the information requested and it may not be necessary to speak directly to those relocated.

- 2) If necessary, conduct a general assessment to determine if any immediate health needs/concerns exist among those contacted and make referrals to local medical providers as necessary. If such an assessment has already been conducted by another agency, document that an assessment has occurred and whether or not any significant health concerns were noted.

You may wish to contact key local providers prior to any referrals to assess the availability of their services and willingness to participate given the inability of many to pay for needed services. Any immediate health concerns (i.e., suspected cases of communicable disease, acute medical conditions of concern, etc.) would be dealt with using the same procedures you currently use to refer, evaluate and report local residents with the same condition.

- 3) To the extent possible, maintain a list of all individuals arriving in your area with any additional information that may be relevant for local or school use. This would include a summary of any health concerns noted and referrals to providers made.

4) Provide DPHHS with summary, at least weekly, of local efforts related to the above. Information requested by DPHHS on each individual/family/group would include: the presence of any significant health concerns and medical referrals made.

DPHHS does NOT intend to maintain a named listing of individuals. When possible we request a summary by family or group. We do encourage local jurisdictions to maintain more detail for your records and a named listing may be of use.

DPHHS is NOT requesting a detailed medical examination or needs assessment of those individuals relocated. A general review of immediate health needs/concerns and appropriate referrals are believed to be sufficient at this time. We also do not recommend any long term tracking unless such efforts would be required by the nature of any medical conditions of public health interest and department rule (i.e., monitoring pertussis contacts for three weeks, etc.). We encourage health agencies to focus on the health related needs and expect other agencies to assist with other needs such as shelter, food, etc.

Issues Related to Accounting for Costs:

5) At this time it is unclear whether there will be federal reimbursement for costs (time and materials) to local public health jurisdictions for surveillance and follow-up efforts associated with the displaced individuals arriving in Montana as a result of Hurricane Katrina. We suggest that you start to keep the attached Unit Log daily (ICS form 214) and itemized receipts for any other costs.

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The goal Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message that is sensitive to the impact of a health-related event providing information of immediate utility relative to the public health and safety of Montanans. For questions or comments relative to Montana's HAN system you may contact the Montana State HAN Coordinator Jim Aspevig at <mailto:jaspevig@mt.gov> or the Associate HAN Coordinator Gerry Wheat at <mailto:gwheat@mt.gov>

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: provides general information regarding a situation or opportunity; does not typically require immediate action.

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